

**Grand Forks Public School District
2019-2020 Health Insurance Premiums
Certified Staff**

PASSPORT PLAN

| Single Coverage | | | | | |
|------------------------|-----------------------|--------------------------|------------------------|-------------------------|-------------------------|
| Employee | | | | | |
| Total | District | Employee | Premium | Premium | Premium |
| <u>Premium</u> | <u>Premium</u> | <u>Premium/Yr</u> | <u>9 Checks</u> | <u>10 Checks</u> | <u>12 Checks</u> |
| \$6,871.00 | \$5,359.00 | \$1,512.00 | \$168.00 | \$151.20 | \$126.00 |

| Single + Dependent Coverage | | | | | |
|------------------------------------|-----------------------|--------------------------|------------------------|-------------------------|-------------------------|
| Employee + children | | | | | |
| Total | District | Employee | Premium | Premium | Premium |
| <u>Premium</u> | <u>Premium</u> | <u>Premium/Yr</u> | <u>9 Checks</u> | <u>10 Checks</u> | <u>12 Checks</u> |
| \$15,579.00 | \$12,152.00 | \$3,427.00 | \$380.78 | \$342.70 | \$285.59 |

| Family Coverage | | | | | |
|--------------------------------|-----------------------|--------------------------|------------------------|-------------------------|-------------------------|
| Employee + spouse and children | | | | | |
| Total | District | Employee | Premium | Premium | Premium |
| <u>Premium</u> | <u>Premium</u> | <u>Premium/Yr</u> | <u>9 Checks</u> | <u>10 Checks</u> | <u>12 Checks</u> |
| \$22,146.00 | \$17,274.00 | \$4,872.00 | \$541.34 | \$487.20 | \$406.00 |

Altru and You ACO Model

| Single Coverage | | | | | |
|------------------------|-----------------------|--------------------------|------------------------|-------------------------|-------------------------|
| Employee | | | | | |
| Total | District | Employee | Premium | Premium | Premium |
| <u>Premium</u> | <u>Premium</u> | <u>Premium/Yr</u> | <u>9 Checks</u> | <u>10 Checks</u> | <u>12 Checks</u> |
| \$6,321.00 | \$4,930.00 | \$1,391.00 | \$154.56 | \$139.10 | \$115.92 |

| Single + Dependent Coverage | | | | | |
|------------------------------------|-----------------------|--------------------------|------------------------|-------------------------|-------------------------|
| Employee + children | | | | | |
| Total | District | Employee | Premium | Premium | Premium |
| <u>Premium</u> | <u>Premium</u> | <u>Premium/Yr</u> | <u>9 Checks</u> | <u>10 Checks</u> | <u>12 Checks</u> |
| \$14,332.00 | \$11,179.00 | \$3,153.00 | \$350.34 | \$315.30 | \$262.75 |

| Family Coverage | | | | | |
|--------------------------------|-----------------------|--------------------------|------------------------|-------------------------|-------------------------|
| Employee + spouse and children | | | | | |
| Total | District | Employee | Premium | Premium | Premium |
| <u>Premium</u> | <u>Premium</u> | <u>Premium/Yr</u> | <u>9 Checks</u> | <u>10 Checks</u> | <u>12 Checks</u> |
| \$20,374.00 | \$15,892.00 | \$4,482.00 | \$498.00 | \$448.20 | \$373.50 |